

SOCS Checklist for Member: _____ EMPLID: _____

Print SOCS Checklist. **Initial** the Attached box to ensure each required document has been reviewed for accuracy and attached to SOCS request as appropriate. **Sign and Date** the SOCS Checklist. **Scan** the signed SOCS Checklist and **attach** to the SOCS request to PPC. **Upload SOCS to iPERMS.**

For all SOCS requests, an E-6 or above in the member’s SPO/PSI must complete the checklist and submit to PPC Customer Care via an online trouble ticket or send an email to PPC-DG-CustomerCare@uscg.mil

SELECT REASON FOR SOCS:

Member is a CG Reservist with greater than 15 years of total coming active service who is considering extended AD (Retirement Sanctuary Rule)	Member graduates from the CG Academy with an appointment as a commissioned officer and attended the Scholar Program (AD or RSV) prior to hire as a Cadet
Member’s service dates are incorrect (ADBD, PBD, DIEMS)	Member is a CG Reservists who is integrating into the regular CG
Member is enlisting (or assessing) and has prior service in another branch of service	Members dis-enrolls from the CG Academy and returns to an enlisted status.
Member is enlisting (or assessing) and has prior service in the CG or CG Reserve with a break in service	Other:

<u>Required Document</u>	<u>Attached</u>	<u>Additional Information</u>
DD-4 Enlistment Contract		Provide all contracts
Military Academy Transcript		
CG-9556 or NOAA – Acceptance and Oath of Office		
CG-4175 or PPC-4973 – Reserve Retirement Points Statement		
Non-CG Reserve Retirement Points Statement		
DD-214 – Certificate of Release or Discharge from Active Duty		Include all DD-214s, preferably the member’s copy, page 4
DD-368 – Request for Conditional Release		Required if member had OBLISERV from prior service that has not ended.
NGB Form 22 – National Guard Report of Separation and Record of Service		Include all enlistment contracts
NGB Form 23 – National Guard Retirement Points History Statement		
DD-256; DD-257; DD-258 –Discharge Certificate		

** By signing this document, you, as the **PAO, are certifying** that all information provided to support the SOCS request is true beyond a reasonable suspicion of doubt. **

SPO/PSI: PAO Print Name and Sign:	Date:
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